

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION P.O. BOX 898 JEFFERSON CITY, MO 65105-0898 TDD 1-800-735-2966 (573) 751-2326

CREDIT UNION TAX RETURN

2003	
INT-4	

	DLN
003	
NT-4	

2004 TAXABLE YEAR BASED ON THE 2003 CALENDAR YEAR INCOME PERIOD.			DUE BY APRIL 15, 2004		
NAME					
ADDRE	ss				
CITY, STATE, ZIP CODE			COUNTY		
FEDER.	AL EMPLOYER IDENTIFICATION NUMBER				
NOTI	E: A COPY OF THE NASCUS/NCUA CALL REPORT MUST BE ATTACHED.				
PAR	гі	1			
1.	Total gross income from NASCUS/NCUA Call Report as of December 31, 2003	1	\$		
	ADDITIONS				
2.	Recoveries of bad debts from call report	2			
3.	Missouri credit union tax expensed on call report	3			
4.	Missouri taxes claimed as credits on this return from Schedule A	4			
5.	Other additions (attach schedule)	5			
6.	Total of Lines 1 through 5	6	\$		
PAR	T II DEDUCTIONS				
7.	Total operating expenses from NASCUS/NCUA Call Report as of December 31, 2003	7	\$		
8.	Dividends and interest paid on general shares from call report	8			
9.	Loans charged off as bad debts from call report	9			
10.	Other deductions (attach schedule)	10			
11.	Total of Lines 7 through 10	11			
12.	Taxable income (Line 6 less Line 11)	12	\$		
PAR					
lf one	certian mant required and instructions				
13.	oortionment required, see instructions. Tax — Line 12 multiplied by 7% or from apportionment schedule	13	\$		
14.	Tax credits from Line 4 above	14			
15.	Tax due (Line 13 less Line 14)	15			
	Less tentative payment or amount previously paid	16A		_	
	Miscellaneous credits (attach schedule and approved authorizations)	16B			
	· · · · · · · · · · · · · · · · · · ·	16C		_	
	Enterprise zone credit (attach certificate of eligibility)				
17.	Overpayment of previous year's tax (attach approved credit authorization)	17		_	
18.	NET TAX DUE (Line 15 less Lines 16A, 16B, 16C, and 17)	18			
19.	Plus interest for delinquent payment (see instructions)	19			
20.	TOTAL AMOUNT DUE (Line 18 plus Line 19)	20	\$		

MAKE CHECK PAYABLE TO: "FINANCIAL INSTITUTION TAX". SEND COMPLETED RETURN AND REQUIRED ATTACHMENTS TO: DIVISION OF TAXATION AND COLLECTION, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.

SCHEDULE A — TAXES CLAII	MED AS CRE	DITS					
DESCRIPTION (Do not list real estate taxes or tangible personal property tax on leased property)				AMOUNT			
				\$			
				*			
					_		
Total (Enter on Lines 4 and 14, Page 1)				\$			
SCHEDULE B — POLITICAL S		S TAXING THE REPOR	TING CREDIT UNION				
This section must be completed by Institution Tax Schedule B, Form 2			u have more than one office location, you mus al or personal property tax receipt.	et complete the Financial			
ADDRESS			CITY, STATE, ZIP CODE				
SUBDIVISIONS	NAME OR I	NUMBER					
County							
City							
Road District							
School District							
Library District							
Water District							
Sewer District							
Fire District							
Township/Other Tax Districts							
AUTHORIZATION/NON-AUTHO	ORIZATION						
I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm. I do NOT authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.							
SIGNATURE — PLEASE SIGN	BELOW						
		including the accompan	s herewith submitted, declare that we have lying schedules (if any) all of which are true complete statement, in accordance with	e and correct, according	to		
SIGNATURE OF OFFICER		DATE	PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)	DATE			
TITLE OF OFFICER		PHONE NUMBER	PREPARER'S ADDRESS AND ZIP CODE	FEIN OR PTIN			